

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

63-033782

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 12 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Mo.</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Mary's Infirmary</i>		d. STREET ADDRESS (If outside, give location) <i>4551 Athlone</i>	
3. NAME OF DECEASED (Type or print) First <i>Mary</i> Middle <i>Ann</i> Last <i>Jones</i>		4. DATE OF DEATH Month <i>8</i> Day <i>31</i> Year <i>'63</i>	
SEX <i>Female</i>	5. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-30-23</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) <i>St. Louis</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>American Can Co.</i>		12. CITIZEN OF WHAT COUNTRY <i>America</i>	
13a. FATHER'S NAME <i>Jesse Jones</i>		13b. MOTHER'S MAIDEN NAME <i>Norma Jean Hill</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT <i>Norma Jones</i> Address <i>4501 Athlone</i>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Atelectasis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <i>Hyaline membrane disease</i> DUE TO (c) <i>Respiratory - premature rupture of membrane</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Meloid - Secondary anemia</i> 762.5			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <i>8:30</i> a.m. <i>5:00</i> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Jan 8/30/63</i> to <i>8/31/63</i> and last saw him alive on <i>8/30/63 8 PM</i> . Death occurred at <i>8/31/63 5:00</i> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John F. Brinson MD</i> (Degree or title)		22b. ADDRESS <i>4242 Easton Ave. St. Louis Mo</i>	
22c. DATE SIGNED <i>8/31/63</i>			
23a. BURIAL CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>9-5-63</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO</i>	
24. FUNERAL DIRECTOR <i>Cunningham &amp; Moore</i> ADDRESS <i>2485 Marous</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 4 1963</i>	
26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

John K. Cunningham

Licensed Embalmer No.

19474

P. O. Address

2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

not Embalmed